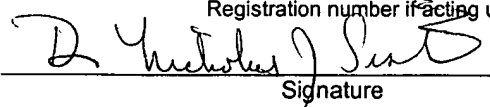


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 03818/100L652-US1	
Application Number 10/616,046-Conf. #9782		Filed July 8, 2003	
For NOVEL COMPOUNDS, COMPOSITIONS AS CARRIERS FOR STEROID/NONSTEROID ANTI-INFLAMMATORY, ANTINEOPLASTIC AND ANTIVIRAL ACTIVE MOLECULES			
Art Unit 1623		Examiner E. Peselev	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120.00	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check covering the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>54,453</u>			
 Signature		December 8, 2004 Date	
Nicholas Sisti Typed or printed name		(212) 527-7700 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

W:\03818\100L652US1\00303625.DOC

Express Mail Label No.

Dated: _____

12/13/2004 WABDELRI 00000022 10616046

03 FC:1251

120.00 OP